

Personal Liability Investigation

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)].
Provision of your Social Security Number (SSN) is voluntary.

Fax: (608) 266-6692

<http://unemployment.wisconsin.gov>

The purpose of this form is to provide information about ownership or operators of a business.
Complete the front and back of this form and return to Unemployment Insurance.

Business Information

Employer Name	Account Number
Trade Name	Business Status <input type="checkbox"/> Business Closed Date Closed: _____
Business Address	<input type="checkbox"/> Business Bankrupt Provide Date: _____ <input type="checkbox"/> Business Still Operating List Owner: _____

Duties and Responsibilities

Description	Dates Held (From/To)	Position or Capacity
		<input type="checkbox"/> Employee Dates Employed: _____
		<input type="checkbox"/> Officer or Member Dates Held: _____
		<input type="checkbox"/> Stockholder, % of stock owned Dates Owned: _____

Ownership, Shareholders, Directors or Corporate Officer Information

Name and Address	Position or Title	Dates Held (From/To)	Percent of Ownership

Business Assets

List all assets that the business currently has in possession :

Business Operation Information

List all individuals with check signing authority and dates of authority :

List Banks used for payroll and other business affairs :

List individuals who maintained all financial records and dates maintained records :

List individual and address who is in possession of these records :

List all individuals responsible for paying business expenses and all individuals authorized to do so and dates responsible :

List individuals responsible for authorization and submission of tax reports and payments :

List individual responsible for daily operations of the business and the dates responsible :

Additional Information

List additional information that would be valuable to identify ownership or control of business.
Include any information from board meetings :

Required Signature

Print Name		Signature		Telephone Number	Date
Date of Birth	Social Security Number		Present Employer		